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ABSTRACT

Included in this conference report are: a preface; an open letter; a keynote address on the importance of instilling positive self images at an early age; five group reports; the conference agenda; and a list of participants. The group reports address: programs for children with special consideration for education, physical and mental health and social services (institutional learning priorities are identified as proper nutrition, facilities for free and structured play, day care centers, and proper staffing for infant care or higher education programs); parent involvement and education and health education (emphasis is on the relationship between a child's accomplishments and his parents' involvement and a list of health and educational funding sources is included); housing, community facilities, and transportation (emphasis is on parent education in maintenance, budgeting, and home ownership; the need for community recreational facilities to promote family interaction; and the need for transportation for the Headstart program); manpower training and career development (identification of available resources and priority needs--better utilization of resources, more adequate training, provision of Indian services by Indians, educational programs to familiarize parents with children's needs, etc.); and coordination of existing and planned health and education programs (emphasis on the maintenance of communications among staffs of various programs). (JC)

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Little Children First

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Choctaw Conference on Early Childhood Development

December 7-8, 1971

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Philadelphia, Mississippi 39350

CHOCTAW CONFERENCE

on

EARLY CHILDHOOD DEVELOPMENT

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FORWARD

The Mississippi Band of Choctaw Indians Tribal Council held its first Conference on Early Childhood Development December 7-8, 1971, on the Choctaw Reservation in Philadelphia, Mississippi. The following material was compiled to provide a public record of conference activities, including the keynote address by Iola Hayden, director of Americans for Indian Opportunity. Delegates to the conference were divided into five groups for most of the two-day meeting in order to best consider the problems and solutions of Indian education in early years. The group reports as presented here are not intended to serve as factual studies, only to relate the recommendations, complaints, questions, and statements of those attending the conference.

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June 15, 1972

The Honorable Richard M. Nixon, President
Office of the President
The White House
Washington, D. C.

Dear President Nixon:

In a July, 1971 address to Congress, you said that "one of the saddest aspects of Indian life in the United States is the low quality of Indian education." While we of the Mississippi Band of Choctaw Indians agree wholeheartedly with this statement, we intend to do our best to alter the situation.

For far too long, the Federal government has associated the Indian populace with such terms as reservation, termination, welfare and ADVISORY Boards. It is time that they come to understand, as we have understood, that these words should no longer apply to all Indian people. Our goal now and in the future will be seen as Indian Self-Determination--not the empty, bureaucracy-oriented phrase, but an age-old concept that has been reawakened in the hearts of our people.

Indian-created, Indian-controlled education for Indian people is very much a part of this concept. For this reason the Mississippi Band of Choctaw Indians Tribal Council sponsored their first conference on Early Childhood Development in December, 1971 to launch a campaign for Indian Self-Determination in education.

The theme of this conference was "Alla Chopinta Akosh Ummona," Little Children First. Our reason for choosing early years of childhood as the primary theme was pointed out by Iola Hayden in her keynote address to conference delegates, "There is no better place to develop a sense of positive self-image," she said, "than in pre-school children who have not been moved by the hostilities of an alien race."

We at Choctaw agree with Mrs. Hayden, director of Americans for Indian Opportunity that early childhood education is the key to instilling in our people the feeling of involvement behind the idea of Self-Determination. In this report we bring you the results of a conference born from hopes of using this key to open educational doors for Choctaw children. Our plan was to bring together Choctaw people in a meeting with educators and governmental representatives on all levels to attack the problem of low quality Indian education. As you will see from the following record of conference activities, those who attended the session were and are willing to work diligently on this behalf.

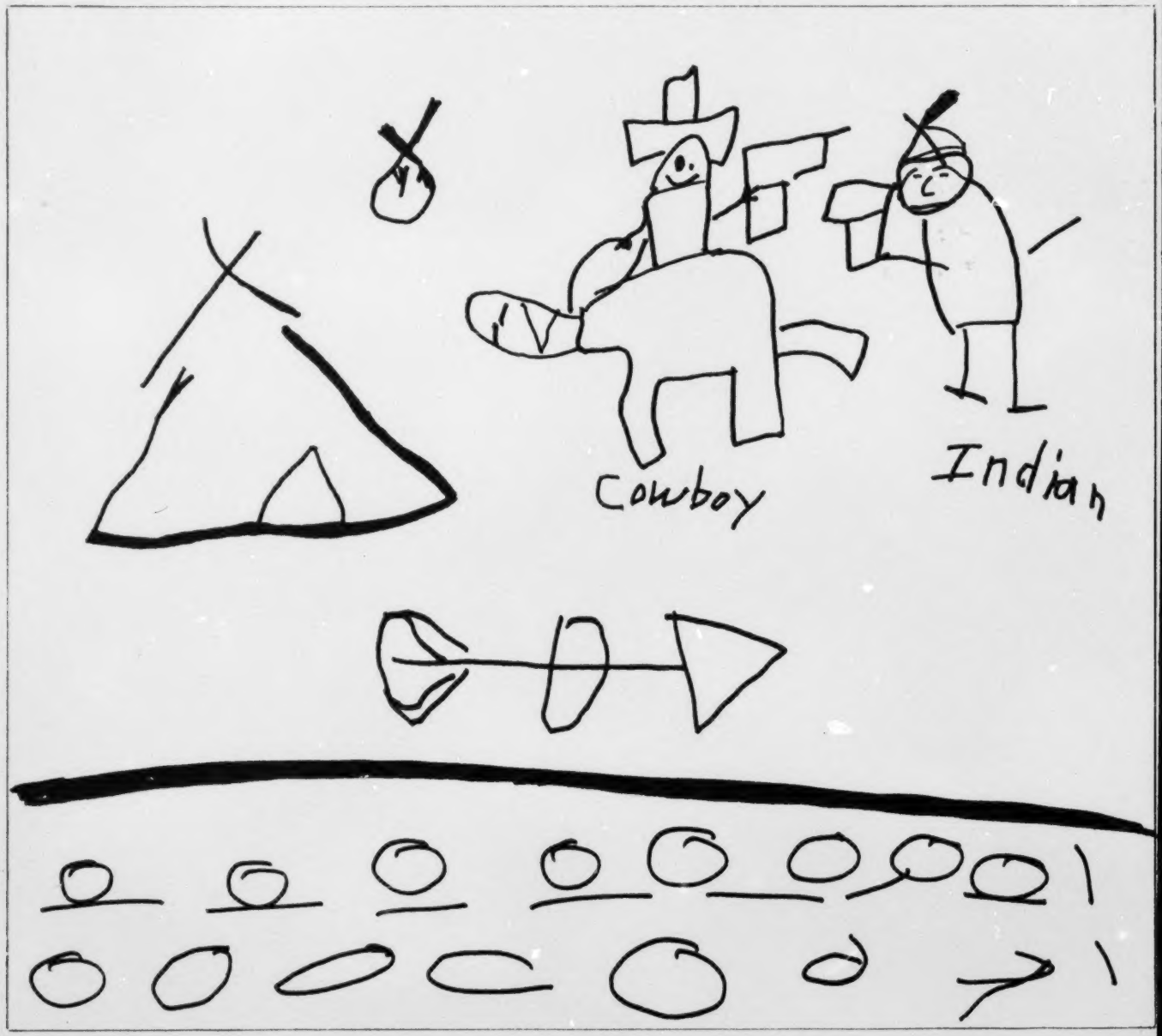
In consideration of Indian policies as presented by you to the Congress of the United States, we now ask your help in seeing that the work of conference participants was not in vain. Your leadership and support is necessary for us to change one of the saddest aspects of Indian life into one of its most admirable.

Sincerely yours,

Phillip Martin, Chairman
Choctaw Tribal Council

"The nature of society today is such that children are taught to hate at an early age--this is something we have to change."

Charlie Benn
Reservation Planner



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Keynote Address

BY IOLA HAYDEN
Director of Americans for Indian Opportunity

Regardless of where you are, there are many different kinds of problems which Indian people have to face because of the situation we've been put in. But as Mr. (Phillip) Martin accurately put it, there has been a real surge of "Indianness" going on through the land. There is real strength in this whole idea of self-determination that many Indian people--in fact, most Indian people--are experiencing.

Where I come from, our Indian leaders are always getting very angry with those of us who point our problems in clear and concise ways--we aren't very good Indians if we point out the problems. I feel, and you feel obviously, that in order to do anything about the problem, we have to identify it and know exactly what we are going to attack. I think that for too long, our problems have been described by other people and that's why we haven't done anything about them.

The educational institutions in our entire country have been a failure, particularly to the American Indian. We as Indian people have had no voice in determining what was going to happen to our children. If Indians are successful, and this is always somebody else's definition, they are exception rather than the rule. Too many times when our successful Indian people start to do something, they begin to turn against Indians. They sound like all other people blaming Indians, particularly Indian parents, for failing. They don't blame the real source which is the educational system of our country.

I feel that American Indian people are very strong people. We have survived generations of attempts at ethnocide or attempts to destroy our culture.

But we are still here and we are still enjoying a revival of Indian-ness. I went to school during the years when they talked first about termination. You never really quite knew what was going to be the emphasis that particular year. One year you could go back to school and they would talk about wanting to make you an Indian. You go back the next year and they are going to terminate because they want to teach us to live like other people.

I grew up not wanting to have straight, black hair because I had been trained and taught that this was very bad. It is a very bad thing to teach people to be ashamed of what they are. Our Indian children are not dropping out of school because they are dumb or because they are not eager to learn. I think that too many times we design programs for Indians with the notion that since Indians are poor, they come to school with an intellectual deficiency and they are retarded in the communications field. I think that educational programs--and this is most of our programs--that would accept this assumption as fact and build programs on repair or remedial education theories are very wrong.

Frankly, these programs have to be labeled as unrealistic and racist, because basically, the aim of these programs is to change the child's home environment and supposedly to improve his language. Maybe this is why we're dropping the kids out of school. These methodologists have failed because they emphasize the deficiencies of what the system makes up. They do not recognize the culture and language of the child.

I have done a small amount of work with the Office of Civil Rights in Washington, particularly in their education program, which I think is Title VI. They have no concept of Indians. They have no concept of Chiccannos. They can only understand black and white, literally. They can understand Civil Rights in terms of black and white, but they cannot understand Civil Rights.

I do hope that the Choctaw model can be a model that will challenge Choctaw young people to know that they are Choctaw, be proud they are Choctaw, and to accept their differences, and, more important, to accept other people's differences.

Too often we have heard the over-stressed and misguided conclusion that Indian children are not competitive. This is partially the source of the paternalistic behavior and attitude and other consumptions of the Indians have caused a lot of damage to the Indian community itself. And I think it contributes to society's perception of the Indian as being culturally deprived and linquisitically handicapped.

If I remember correctly, that was the reason why a group of non-Indian people came to this country, because they wanted the freedom to be different. When a non-Indian child is able to speak more than one language, they are looked upon with pride. When an Indian child starts to school knowing his native tongue and English, then he is termed linquistically handicapped. Then we set forth to remedy his handicap by making sure that he learns English and that in the process loses his native tongue.

Groups like the American Indians, the Blacks and the Chiccannos realize that they are different and they want to be strong in their differences. We know, as I have said before, that in order to move ahead in any of our efforts, we have to be strong within ourselves. We must know where we came from and who we are. THERE IS NO BETTER PLACE TO DEVELOP A SENSE OF POSITIVE SELF-IMAGE THAN IN PRE-SCHOOL CHILDREN WHO HAVE NOT BEEN MARRED BY THE HOSTILITIES OF AN ALIEN SOCIETY. The Choctaw model can be an exciting example of how to develop a Choctaw sense of pride by building on the pride

of Indian-ness.

This is a very opportune time to start talking about and getting interested in developing that child development center, which should include medical, dental, and psychological services. And very important, it should include education for parents in child care and development. I think your group is well on its way.

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Group I: Programs For Children

What kind of program could be planned for Choctaw children, ages 0-8, if unlimited funds were available?

This hypothetical question was answered by Group I as they considered problems of education, physical/mental health and social services.

As the ages 0-8 years are of significant and irreplaceable importance in terms of child development, a team of persons should be available for a parent education program.

Heading the team staff would be a coordinator responsible for over-all implementation and coordination of team objectives and training. A doctor, nurse, educator, psychologist, social worker and other consultants would be available to train Choctaw participants and advise team staff or parents on specific cases.

The objective of the team would be to get into the home with the mother and father. The group felt that the most effective way to do this was through the use of parent-community aides-Choctaw people who would be trained to get into the home to educate parents.

After being trained by the staff of professionals, the aides would be responsible for disseminating and providing feedback to the coordinator on needs of parents and children. Parent-Community Aides could work as a man/woman team at times with part-time aides employed for specific cases and to help parent-community aides call on homes.

The delegates designated special areas of concern in Parent Education in which the parent-community aides would receive training. Instruction in pre-natal care for expectant mothers would include proper nutrition, regular check-ups, proper exercise, etc. Post-natal care of children would also be emphasized with training in basic child care (feeding, bathing, medical care, economic budgeting, etc.).

Language development was suggested in the area of general child development with emphasis on both Choctaw and English. Materials coud be developed stressing Choctaw culture and language, such as tapes of Choctaw legends or modern tales recorded in Choctaw. Another suggestion was to provide books written in Choctaw and illustrated to portray Choctaw and anglo fairy tales. These materials would be available in centers and for parents to take home.

Training for parents in child development could also include sections in pre-school readiness, intellectual and motor-physical development and environmental awareness. To help parents achieve these goals, a game-toy-book library could be developed. Where, again, parents could check out items to use with children in the home.

Also parent-community aides could take the games and toys into homes to instruct parents on their proper use.

Concerning institutional learning for children, the group listed the following essentials:

(1) Proper nutrition: breakfast, lunch and snacks
(2) Facilities for free and structured play
(3) Day Care Centers staffed by competent personnel
(4) Proper staffing for infant care or higher education programs

To staff Day Care Centers, the program could utilize parents, aunts, grandmothers, etc. A cooperative could also be developed with high school students in which members of home economics or education courses can gain credit and invaluable experience working in centers under the direction of professionals. This work would provide excellent career training or career motivation for future teachers and center staffers.

Other potential programs for children were discussed by dividing Group I delegates into three sub-groups to consider education, physical/mental health and social services.

Subgroup A

In the educational area, Day Care was the major question raised. Do Choctaw mothers desire this service? Is it needed in the community?

At least one-half of Choctaw mothers with young children are working, thus cost of baby sitters is a major problem. Day Care could provide services for care of these children as well as children of Follow Through and Head Start aides.

Although space and facilities will be the greatest problem at Choctaw, staffing centers may also prove difficult, as Federally funded day care programs must meet Federal Interagency Day Care Requirements. Need was identified for training on site or in service to develop appropriate staffing.

Parent members pointed out that while some mothers will be working and unable to participate, many others might enjoy being involved in the center. This could be useful as a vehicle for parent education. Another suggestion was to utilize high school students as aides in Day Care Centers. For example, dormitory students may have longer hours available for participation in late afternoon programs.

Another question raised was transportation to the facilities as well as location, number and kind of centers. It was suggested that there be one central facility as pilot, with satellite day care centers throughout Choctaw. Mothers agreed that they would find ways to get their children to centers if such service were available. They also expressed approval of a "baby bus" with riders to care for

the children in addition to a driver transpose.

One concern expressed by Choctaw parents was care of sick children. Since need for this care is pressing on the Choctaw Reservation, a "sick baby" isolation room was suggested to care for children who become slightly ill. This in turn will serve as a model for Indian parents to learn better health care.

Title IV-A, a Social Security Act through the Department of Public Welfare, already has a thrust toward Day Care in Mississippi which provides homemaking services and a health component for screening exams, etc. Choctaw Day Care Center could serve as a vehicle for delivery of these health services to infants and young children.

IV-A could also provide funding sources for the project--an important concern voiced by delegates. While available statistics were unofficial, it was pointed out that IV-A will provide 75% of the cost where 60% of the community members are Welfare recipients. Group members suggested that Tribal Council develop a pilot Indian Day Care Program to utilize all available funding sources and develop a comprehensive child care services plan. (Proposals have already been submitted to this effect.)

After working several hours on the Day Care question, Indian mothers (several of whom were Head Start teachers or aides) asked that they be permitted to meet separately with a Program Assistant and converse in Choctaw. The following is a list compiled by the Choctaw parents of essential criteria and special concerns.

Items parents felt were essential:

(1) Qualified personnel must staff the center.

(2) The local community must be involved in selection of personnel and policy making.

(3) Each community needs its own center.

(4) A separate room is necessary in which children with colds or contagious illness would be placed.

(5) Materials such as bottles, diapers, food, bathing facilities, laundry facilities, etc., must be available.

(6) Adequate heating and cooling facilities must be provided.

Questions voiced by Parents:

(1) Will parents be responsible for getting children to the center or will a bus be available?

(2) How do you handle babies on a bus?

(3) What procedures are taken with sick children?

(4) Is parental permission necessary to handle sick children?

Subgroup B

"After quite a lot of thinking, talking and sharing," the sub-group members developed a list of recommendations in nutrition, health and mental health areas.

Their first recommendation was that all young children receive comprehensive tests for hearing, sight, developmental tasks, and physical/dental health. In all of these tests, specifically physical examinations, parents will be asked to come with their children so that pertinent information can be shared with them by doctors.

Concerning tests for hearing, delegates felt that children should be allowed to interact with equipment before testing. They need to be acquainted with equipment, said group members, in order for them to respond more readily and thus insure valid interpretation.

Comprehensive visual screening should also be available with color blindness and eye muscle balance tests included. Teachers or aides trained in assessing mental health needs need to administer these tests as they are the most likely to utilize results.

Maintaining records of these tests, illnesses and immunizations should be the responsibility of a full time school nurse who will work with teachers, aides and parents in building a health education program. There is also a definite need for coordination with Community Health Representatives and other health services. Health workshops could be conducted using this coordination with concentration on various aspects of parental health care.

There was a need reported for homemaker aides who may help mothers during pre-natal/post-natal periods and keep homes together while mothers are ill or in the hospital. A possible source for these aides might be Community Health Representatives.

Need for a 4-C Committee is evident, according to the delegates. The committee would exist to coordinate all programs and to justify need for and insure wise use of Federal monies by delegating responsibility for coordination of staff facilities and resources to this committee. Recommendations concerning the 4-C Committee were:

(1) The committee must have a representative from all existing programs and funding agencies.
(2) The committee must be made of 1/3 parents.
(3) The committee could hire a director or could elect someone from the group to serve in that capacity.
(4) The committee would form a "standing committee" to get rules and regulations off the ground.

Subgroup C

Subgroup C compiled a list of recommendations in programs for children as related to social services. Their suggestions were as follows:

(1) Employ a person who is aware of needs of young children to provide coordinated services for both Head Start and Follow Through.
(2) Provide breakfast or snacks in the morning and afternoon.
(3) Provide more facilities as the present facilities are inadequate.
(4) Explore resources for renovating present facitlities.
(5) Develop more parental involvement.
(6) Provide more technical assistance.

Group II: Parent Involvement and Education; Health Education

The purpose of Group II was to discuss parent involvement in educational and health problems and to increase parent participation. The group pointed out three reasons why parent involvement is important:

(1) It has been found that if parents are not involved with a child and his school work, the child does not perform as well.
(2) The parent's expectation of a child's education influences the child's educational attainment and accomplishment.
(3) Changes for the better are noted in children when parents do become (and are) involved.

Programs such as regular parent community meetings with teachers (at six-week intervals) are currently being used to increase parental involvement. Parents are also encouraged to visit classrooms and accompany children on field trips. Even though these programs are in action and Follow Through/Head Start personnel make an effort to visit homes, parents are still reported to have very little active participation in the education of their children.

The reasons for this lack of participation were cited as limited transportation, apathy, absense of invitations to schools, and small children at home without babysitters. Lack of understanding by parents were also mentioned concerning their role as the child's teacher and ways they can help the child at home and at school.

Committee action where parents themselves do the work and make important decisions was suggested as one way to create more parental interest. A "parent room" should be developed where parents can come and go freely, sharing common interests and common problems. In addition, some type of training should be offered for parents in child development and behavior to enable parents to understand how they can help their child. Teacher/parent/child conferences could also be used to allow the parent to become acquainted with teachers and their child's progress.

One major problem which was cited concerned baby sitters. Suggestions to alleviate the problem included payment of small amounts of money for baby sitters (this is already in action for Follow Through but not for Head Start), use of Neighborhood Youth Corps Workers and implementation of a room mothers program.

Because baby sitting services must be provided when parents go to school, teachers should also visit the child's home. By becoming acquainted in this way with parents, teachers can encourage them to take part in such things as In-Service Education of school personnel.

Lack of communication between parents and teachers was pointed out by Group II as one of the major obstacles blocking an effective child development program. Fearful and hesitant in talking with teachers, parents tend to feel they cannot help their children because of their own lack of education--they rarely seem to understand "what goes on" at school. This limited knowledge often prevents them from encouraging their children or re-inforcing the teacher's work.

Parental involvement in Health and Health Education was another major area covered by the group. To instruct them in the treatment of sickness. Choctaw parents will be advised to seek medical attention early, to follow medical directions and to discuss cause and treatment of illnesses with the doctor.

The five most common reasons for hospitalization of infants are pneumonia, ear infections, diarrhea, parasites and accidents. Before these can be prevented, their causes must be known by those caring for children. As only one monthly meeting is now being devoted to health and health teaching, it was recommended that more emphasis be placed in this area through frequent community development meetings.

Special emphasis should be placed on the care of infants and pre-school children with such basics as preparing formulas and taking temperatures. One way of providing this instruction could be through films at community development club meetings and parent participation in Health Advisory Boards.

Suggested possibilities for health and educational funding resources were:

(1) Indian Health Service
  (a) Health education
  (b) Public health nursing
  (c) Doctors and dentist
(2) Tribal
  (a) Nutrition program
  (b) Community health representatives
(3) Mississippi State Health Department
(4) American Red Cross
(5) BIA Title I - Title IV-A could fund day care center
(6) Headstart
(7) Psychologist and state people
(8) Interested local people
(9) Adult education--State Education Department and local junior colleges.

Group III: Housing, Community Facilities and Transportation

The home lives of Choctaw children were discussed in this group with emphasis on the problems of inadequate housing. Community life in its relation to facilities and transportation were also studied by the group delegates.

Housing

Fifty per cent of Choctaw homes have improper ventilation, little or no electricity, few (if any) basic electrical appliances and poor to terrible lighting. Although some families have moved into new low rent homes, this action creates additional problems for Choctaw who move from inadequate housing.

A necessary additon to each of these Choctaw homes is family budgeting, the failure of which leads to insecurity of children. Few parents realize what is expected of them, the group said, or even understand the operations of the basic electrical appliances which they have "done without" for so long. Demand for Indians to own their homes has risen so sharply in the recent past that economic and sociological pressure has increasingly caused failure in maintaining a stable family atmosphere. This trend obviously makes greater the need for parent education in such things as maintenance, budgeting and home ownership.

The needs of Choctaw parents must be met, said the conference delegates, in order to create a home environment which is conducive to good learning and child development. The housing program **must** continue until all families have adequate homes. A properly initiated on-the-job training in family budgeting and housing maintenance.

Facilities

Each week at four o'clock, the six community schools are closed and locked--at this time community life ends. Delegates contended that in order for young children to develop socially, they must have not only a healthy school system, but a healthy community life also.

Currently only one building (located in Pearl River community) offers recreation, meeting facilities, office space, and storage facilities. In the other five Choctaw communities--separated by 30 to 40 miles--no facilties of this nature exist. (Such a facility has been recently approved for Conehatta, however.)

Community meetings under these conditions are

next to impossible for most parents interested in civic activities. Recreation, too, suffers from limited space and equipment, while storage areas for home maintenance equipment, material, and commodities are almost non-existent. Office space for Parent Education, Outreach workers, social workers, and Day Care/ Head Start personnel is also badly needed. All these factors contribute to the non-existence of ordinary civic life on a large scale.

As emphasis is placed on Child Development and model programs are implemented to teach parents child care, it becomes increasingly obvious that new facilities will be needed. The group recommendations were to meet this need with construction of a multi-purpose type building. This building should include recreation facilities, Head Start classroom/office space, Day Care Unit and storage facilities.

Transportation

Over-taxation of existing transportation has come about with expansion of various programs to members of every Choctaw community. The proper initiation of a Day Care or Parent Education program requires that the present transportation system be strengthened. Currently, Head Start has no provisions at all for transportation, while emergency vehicles for medical purposes are virtually non-existant.

In considering solutions to these problems, group members stated that Head Start specifically has a definite need for transportation to be used as the program sees fit. Eight van-type buses are needed, one for each community with one back-up bus. (These would not be the regular school bus type, but small vans with greater operating efficiency.) Two sedans should also be available to the Head Start staff for travel from school to school, alleviating the need to pay private vehicles by the mile. Two pick-up trucks (to be included in the Head Start/Day Care budget-were proposed for transportation of supplies. By budgeting half the cost to each program, all of these vehicles could be used by Day Care as well as Head Start.

An inter-reservation transportation system is also non-existant--many parents have absolutely no transportation. These people find it difficult to participate in community schools, Day Care Programs or Parent Education. Because of these programs and difficulty of reaching employment or medical services in nearby towns, an inter-reservation transportation system was recommended to be used in conjunction with Day Care/ Head Start Programs.

Emergency transportation poses another problem for Choctaw parents of young children. The Indian Hospital, while operating continually in the red, has to pay large sums to ambulance and taxi services. Charges for round trip ambulance services are $90 to Jackson and $55 to Meridian. Round trip taxi fares run $30 to Jackson and $15 to Meridian. These expenses occur daily and, additionally, cause delays in medical services--the person who needs an ambulance must first call the hospital who will in turn call the ambulance.

The group strongly recommended that one central program be devised to update transportation facilities for Head Start, Day Care, inter-reservation transportation, parent involvement, parent education and medical transportation.

Group IV: Manpower Training and Career Development

The purpose as expressed by delegates of this group conference was to share and generate ideas concerning training and career development in Early Childhood Education.

Basic needs for manpower training and career development were identified and summarized as the following:

(1) Better utilization of available resources are needed.
(2) More adequate training is a must.
(3) Initial contact must be made meaningful to each parent.
(4) Indian services should be provided by Indians.
(5) An educational program should familiarize parents with the child's needs.
(6) Better contact should be established between parents and professionals.
(7) Choctaws should be trained to conduct nutritional and community related services.
(8) There needs to be a "pay off" for parents during training.
(9) A trained education specialist should be available in Early Childhood Education to coordinate the Day Care Center.

While some of these problems are currently being attacked in on-going programs, the basic need seems to be that of over-all coordination. Programs focusing on the same objectives are working independently of each other (and often in competition), said the group report. The recommendation for program/programs coordination is to have an "umbrella" concept of administrative structure which will combine the forces of the programs available. Various programs should be consulted concerning manpower training with back-up services provided to available workers in order to increase efficiency. Other sources should also be investigated to alleviate over-worked staffs. Resources available to meet these needs were listed as follows:

(1) Indian Health Service
(2) Tribal Nutrition
(3) Comprehensive Health -- HEW
(4) Office of New Career -- HEW
(5) State Agricultural Home Economist
(6) Office of Child Development -- Regional Office (Atlanta, Georgia)
(7) Title IV-A -- Department of State Education and Welfare
(8) Manpower Administration, HUD--Department of Labor
(9) Bilinqual Title VII, ESEA 1965 -- BIA
(10) Office of Education --HEW
(11) Local universities and private foundations
(12) HR-1 funds through state government (non-profit)
(13) Office of Equal Opportunity
(14) Office of Child Development
(15) Research and Evaluation Division (R and D), Dr. Charles Senshenson, Director (202) 755-7755
(16) Parent Child Centers, Mrs. Sylvia Pelhman (202) 755-7700.

Many of the services available are not appropriately utilized. Some delegates reported that parents often use nutritionists as taxi service, then fail to keep appointments--this proves depressing to nutritionist aides. There should be a way to achieve an "immediate pay-off" for Choctaw parents to understand why things are done as they are. The problem appears to be that no "follow-up" training is available for parents. Even nutrition aides, for example, do not see the usefulness of such implementation because professional support is not always available. (Development of literature and visual aides could assist in promoting an instruction program).

Among problems identified were structural operations of Choctaw health care facilities and lack of participation in medical child care. Choctaw parents as a rule do not understand the reasons behind such things as immunization and often fail to recognize the symptoms of various illnesses. Medical authorities should attempt to show their concern for parents and create an atmosphere of involvement when parents seek medical care. Also pointed out at this point was the need for a birth control program, with emphasis on the educational aspect. Community Health Representatives and nutritionist aides could be employed in this area.

Group V: Coordination of Existing and Planned Health and Education Programs

Delegates in Group V centered their attention on the lack of coordination among existing programs, specifically program directors. Discussions concerned predominantly the problems in health education and social work fields with emphasis on faulty maintenance of communications among staffs of various programs.

A duplication of efforts by different programs exists, they said, and that duplication could be eliminated through better coordination. One of the ways to accomplish this can come in the form of monthly meetings called by the administrative assistant. Another recommendation was to develop a comprehensive plan to outline reservation directions over the next five years and provide for the directors of various programs to receive training in management and administration.

APPENDIX I

CHOCTAW CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT

December 7 and 8, 1971

AGENDA

8:00 - 9:30 Registration

9:30 - 11:00 Opening Statement - Mr. Phillip Martin, Chairman Mississippi Band of Choctaw Indians

Introductions:
(a) Mr. John Gordon, Superintendent Bureau of Indian Affairs, Choctaw Agency

(b) Mr. Frank Henry, Acting Service Unit Director Indian Health Service, Choctaw Service Unit

Choctaw History - Mr. Bobby Thompson, Vice-Chairman Mississippi Band of Choctaw Indians

Indian Self-Determination - Phillip Martin

Keynote Address - Mrs. Iola Hayden, Director American Council on Indian Opportunity

11:00 - 12:30 Lunch

12:30 - 1:15 Tour of Follow Through Classrooms at Choctaw Central

1:15 - 1:45 Tour of Head Start Classrooms at Choctaw Central

2:00 - 2:30 Address - Mrs. Richard M. Lansburg, Former Chairman Day Care and Child Development Council of America, Inc.

2:30 - 4:30 Small Group Workshops

Group I - Programs for Children Chairman - Mr. Calvin Isaac

Group II - Parent Involvement and Education, Health Education, Chairman - Mr. Kirby Willis

Group III - Housing, Community Facilities and Transportation, Chairman - Mr. Robert Benn

Group IV - Manpower Training and Career Development Chairman - Mr. Bobby Thompson

Group V - Coordination of Existing and Planned Health and Education Programs Chairman - Mr. Arthur Benn

4:30 - 5:30 Break

5:30 - 7:00 Entertainment and Dinner

7:00 - ? Small Group Work Continued

WEDNESDAY, DECEMBER 8

9:00 - 10:30 Small Groups (Prepare Summary Report)

10:30 - 11:00 Break

11:00 - 12:00 Presentation of Workshop Reports

MISSISSIPPI BAND OF CHOCTAW INDIANS
TRIBAL OFFICE BUILDING
ROUTE 7, BOX 21
PHILADELPHIA, MISSISSIPPI 39350

December 2, 1971

Inter-Agency Memorandum

TO: Program Directors
Government and Tribal Programs

FROM: Phillip Martin, Chairman
Tribal Council
Mississippi Band of Choctaw Indians

The following memo outlines the agenda for the upcoming Choctaw Early Childhood Development Conference, December 7 and 8, 1971. Included also are the names of the agencies that will participate in the discussion groups. The subject areas and group participation assignments are as follows:

Group I. Programs for Children

(a) Hospital Medical Staff/Dental Staff
(b) Public Health Nurse Representative
(c) Nutrition Program Representative
(d) Alcoholism Program Representative
(e) Health Education Representative
(f) Community Health Representative
(g) Bureau of Indian Affairs Social Service Representative
(h) Tribal Council Members
(i) Choctaw Advisory School Board Members

Group II. Parent Involvement and Education; Health Education

(a) Hospital Medical Staff Members/ Dental Staff
(b) Public Health Nurse Representative
(c) Nutrition Program Representative
(d) Alcoholism Program Representative
(e) Health Education Representative
(f) Community Health Representative
(g) BIA Social Services Representative
(h) BIA High School Administration
(i) Tribal Council Member
(j) Choctaw Advisory School Board Member

Group III. Housing, Community Facilities and Transportation

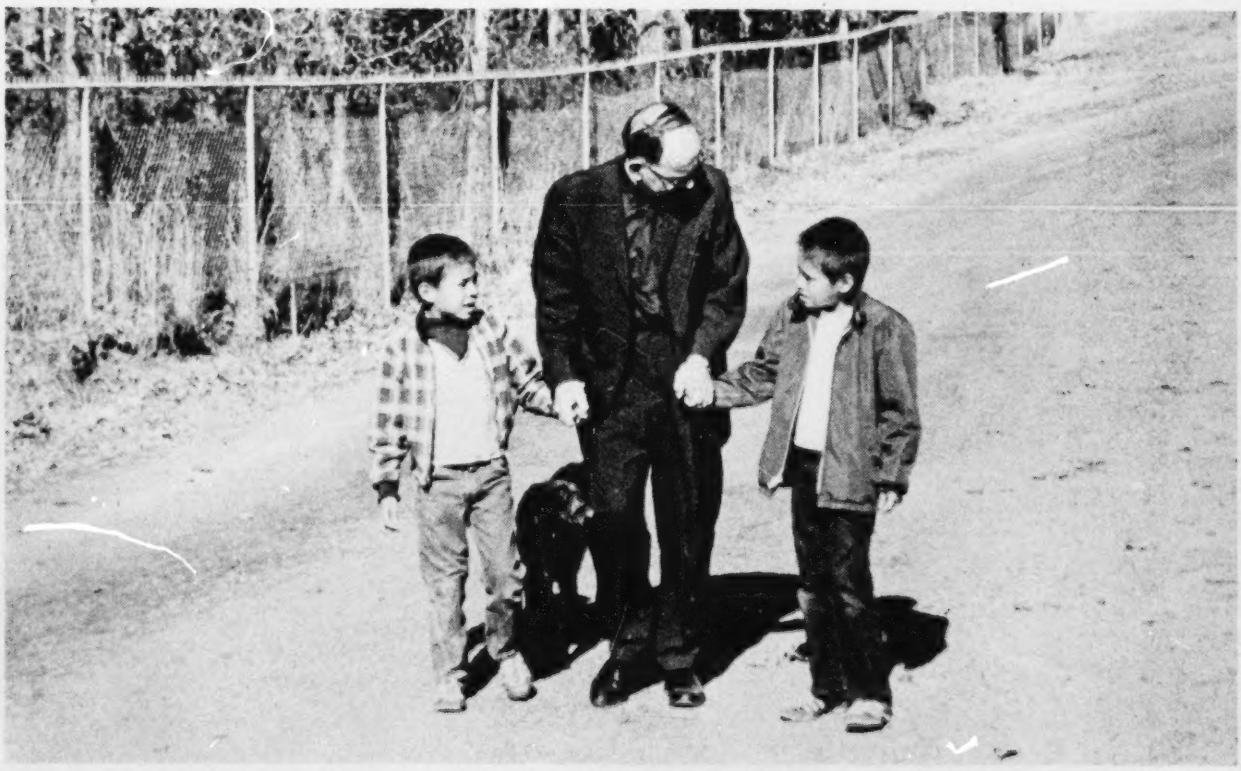
(a) BIA Programs Office
(b) Community Health Representative
(c) IHS Service Unit Representative
(d) IHS - OEH Representative
(e) Choctaw Housing Authority
(f) Choctaw Advisory School Board Member
(g) Tribal Council Member
(h) Choctaw Youth Rehabilitation Program

Group IV. Manpower - Training and Career Development

(a) CAA Program and Development Representative
(b) TWETP Representative
(c) Operation Mainstream Representative
(d) BIA Adult Education Representative
(e) Public Health Nurse/LPN/RN
(f) Nutrition Program Representative
(g) CHR Representative

Group V. Coordination of Existing and Planned Health and Education Programs

(a) Emergency Food and Medical Services Program Director
(b) Social Services Program Director, BIA
(c) Youth Center Director
(d) Choctaw Alcoholism Program Director
(e) Community Action Agency Director
(f) CHR Director



APPENDIX II

LIST OF PARTICIPANTS

CHOCTAW CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT
December 7 and 8, 1971
Philadelphia, Mississippi

BUREAU OF INDIANS AFFAIRS:

Wayne Adkinson
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Social Worker
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656-1419
Principal, Bogue Chitto School
Choctaw Agency

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Recreational Aide
Choctaw Aide

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656-1521
Superintendent
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Title I Chief
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Regional Office

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Choctaw Service Unit

HEALTH, EDUCATION AND WELFARE

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Washington Office

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Choctaw Service Unit

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Choctaw Service Unit

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STATE:

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East Mississippi Planning and Development District

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Governor's Committee on Children and Youth

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State Department of Education

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State Department of Education

COLLEGES AND UNIVERSITIES:

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Bacone, Oklahoma
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Americans for Indian Opportunity

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Women's Bureau
Department of Labor

Winona Sample
Office of Education
Washington, D. C.
Program Specialist
Indian Migrant Division

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Tucker Community

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Consultant

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Community Health Representative Program

Carolyn Henry
Community Health Representative

Darry Lee Williams
Community Health Representative

ALCOHOLISM PROGRAM:

Bradley Isaac
Counselor Alcoholism

Melba Smith
Counselor Alcoholism

Joe D. Isaac
Supervisor Alcoholism

SELF-DETERMINATION PROGRAM:

Bryant Rogers
Planner

Fred Coon
Planner

TRIBAL WORK EXPERIENCE TRAINING PROGRAM:

Prentice Morris
TWETP Director

William C. Nickey
TWETP Trainee

Enochs McMillan
TWETP Trainee

Frank Farmer
TWETP Trainee

Reuben Starr
TWETP Trainee

MAINSTREAM PROGRAM:

Benford Tubby
Mainstream Project Coordinator

Phillip William
Mainstream Trainee

Easton Thompson
Mainstream Trainee

Otha Johnson
Mainstream Trainee

Baxter Jefferson
Mainstream Trainee

CHOCTAW COMMUNITY ACTION AGENCY:

Marlene Therrell Fulton
CAP Secretary

Marty Gamblin
CAP Program Development and Training Officer

Carl Tubby CAP Industrial
CAP Industrial Illustrator

Lois Willis Keats
CAP Secretary

Hayward Bell
CAP Manager Trainee

Leo Sam
CAP Bookkeeper

Arthur Benn
CAP Emergency Food and Medical
Service Supervisor

Kirby Willis
CAP Community Worker (Red Water)

Chester Benn
CAP Outreach Worker (Pearl River)

NEIGHBORHOOD YOUTH CORP PROGRAM:

Thomas E. Nickey
NYC Project Director

FOLLOW THROUGH PROGRAM:

Christine Jarrell
Follow Through Director

Michael Alan Strojny
Administrative Assistant

Stephen I. Tubby
Clerk-Typist

Annie Lee Henry
F/T Parent Coordinator

Steve Maurer
F/T Program Assistant

Doris Hart
F/T Program Assistant

Mary Comans
F/T Program Assistant

Inez Henry
F/T Parent Community Aide

Charles R. Meely
F/T Parent Community Aide

Rita Faye Denson
F/T Parent Community Aide

NUTRITION:

Don F. Kendall
Center for Disease Control
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Nancy Barber
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Nellie Tubby
Nutritionist Investigator

Doris Billie
Nutritional Aide

Voncille Bull
Nutritional Aide

Vannell Chapman
Nutritional Aide

Annie Sue Farve
Nutritional Aide

Irma Ann Jimmie
Nutritional Aide

Lucy Morris
Nutritional Aide

Vinia Sam
Nutritional Aide

Mary Sue Thomas
Nutritional Aide

Alma Lee Tubby
Nutritional Aide

Ruth Williams
Nutritional Aide

BUREAU OF INDIAN AFFAIRS:

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Bus Driver

EAST CENTRAL PLANNING AND DEVELOPMENT DISTRICT:

Charlie W. Benn, Jr.
Economic Planner

CHOCTAW HOUSING AUTHORITY:

William Emmett York
Executive Director

MISSISSIPPI BAND OF CHOCTAW INDIANS:

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Chairman

LaGatha Kay
Bookkeeper

Charlotte Jimmie
Bookkeeper

CHOCTAW HEAD START PROGRAM:

Calvin J. Isaac
Director

Bobby Thompson
H/S Education Director

Dessie Mae Willis
H/S Secretary

Nellie Ann Billy
H/S Teacher

Mary Alice Farmer
H/S Teacher

Thallis Lewis
H/S Teacher

Fannie Lou Thomas
H/S Teacher

Salina Willis
H/S Teacher

Julia Faye Willis
H/S Teacher

Louise Willis
H/S Teacher

Sarena Anderson
H/S Teacher Aide

Nancy Clemmons
H/S Teacher Aide

Annie Lou Denson
H/S Teacher Aide (Temporary)

Encie Dixon
H/S Teacher Aide

Charlotte A. Farmer
H/S Teacher Aide

Emmett Denson
H/S Janitor Driver

Gene Autry Dixon
H/S Janitor Driver

Mary B. Morris
H/S Janitor Driver

Roger W. Willis
H/S Janitor Driver

Huddleston Solomon
H/S Janitor Driver

Sarah S. McMillan
H/S Parent Community Aide

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Margaret Farmer
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Imogene Polk
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Grady Henry
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Mazelle Amos
Route 3
Philadelphia, Mississippi

(Nanih Waiya Community)

Allene Dixon
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(Conehatta Community)

Maggie Briscoe
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(Red Water Community)

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(Standing Pine Community)

Fannie Sue Johnson
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Walnut Grove, Mississippi

(Bogue Homa Community)

Lucy Mae Nickey
Route 1
Heidelburg, Mississippi

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Pege Jim
Eleventh Grade

Deborah Martin
Tenth Grade

Barbara Willis
Twelfth Grade

Mary Helen Comby
Twelfth Grade

Nelson Wilson
Eleventh Grade

Benson Lewis
Eleventh Grade

Harlon Bell
Eleventh Grade

Donnie Alex
Twelfth Grade

Ben Farve
Ninth Grade

Hurly Shumake
Ninth Grade

Harold Comby
Tenth Grade

Edward John
Twelfth Grade

Riley Jim
Tenth Grade

Leonard Jimmie, Jr.
Ninth Grade

Pamela Henry
Tenth Grade

Barbara Thomas
Ninth Grade

Barbara Morris
Eighth Grade

Glenda Kaye Mitchell
Sponsor